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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/652,627
Filing Date	August 31, 2000
First Named Inventor	Kevin C. Schramm
Art Unit	3742
Examiner Name	John A. Jeffery
Attorney Docket Number	BFGHP0265US

**To: Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☒ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number: \_\_\_\_\_

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

The client instructed us to transfer responsibility to another firm, which firm has been notified of then pending deadlines and of any subsequently received communications. We have been waiting for several months for a new power of attorney to be filed, but that has not been done, so we are filing this request.

**Certifications**

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

See above.

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

**Complete the following section only when the correspondence address will change.** *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B. ☒ Inventor or  
Assignee name Goodrich Corporation

Address Four Coliseum Centre, 2730 West Tyvola Road

City Charlotte	State NC	Zip 28217-4578	Country USA
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Telephone	704-423-7581	Email kevin.obrien@goodrich.com
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Don W. Bulson/
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Name Don W. Bulson	Registration No. 28,192
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Address Renner Otto Boisselle & Sklar, LLP, 1621 Euclid Avenue, 19th Floor

City Cleveland	State Ohio	Zip 44115	Country USA
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Date	April 9, 2010	Telephone No. 216-621-1113
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**NOTE: Withdrawal is effective when approved rather than when received.**

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*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

**List of Practitioners Accompanying Request for Withdrawal As Attorney or Agent and Change of Correspondence Address**

Adams, Thomas W.	35,047
Boehlefeld, Heidi A.	34,296
Boisselle, Armand P.	22,381
Bulson, Don W.	28,192
Campbell, Jay R.	33,660
Clunk, Patrick F.	59,482
Drasner, Lawrence S.	38,127
DuChez, Neil A.	26,725
Fafrak, Kenneth W.	50,689
Fistek, Thomas G.	55,183
Galin, M. David	41,767
Gingo, Nicholas J.	61,845
Jacobs, Christopher B.	37,853
Johnson, Mark C.	51,854
Manning, Timothy	48,964
Otto, Donald L.	22,125
Platt, Jonathan A.	41,255
Renner, John W.	19,097
Saralino, Mark D.	34,243
Sklar, Warren A.	26,373
Tucker, Todd R.	40,850
Wendolowski, Michael P.	65,705
Worgull, Jason A.	48,044